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UTILITY	Attorney Docket No.	2548/1A								
PATENT APPLICATION	First Inventor	GILL, Robert								
TRANSMITTAL	Title	Recordal of C	all							
(Only for new nonprovisional applications under 37 CFR 1.53(b))	Express Mail Label No.	EV 314198301 US								
APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.	ADDRESS TO:	Mail Stop Pater Commissioner P.O. Box 1450 Alexandria VA	for Patents							
1.	Computer Prog 8. Nucleotide and/or A (if applicable, all net a. Compute b. Specifica i. CD ii. Pa c. Stateme ACCOMPAN 9. Assignment 10. 37 CFR 3.73 (when there 11. English Trar 12. Information Statement (I) Preliminary 14. Return Reco (Should be so 15. Certified Co (if foreign programment) 16. Nonpublicat (b)(2)(B)(i). or its equivalone 17. Other:	CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) cleotide and/or Amino Acid Sequence Submission oplicable, all necessary) Computer Readable Form (CRF) Specification Sequence Listing on: i. CD-ROM or CD-R (2 copies); or ii. Paper Statements verifying identity of above copies ACCOMPANYING APPLICATION PARTS Assignment Papers (cover sheet & document(s)) 37 CFR 3.73(b) Statement Power of (when there is an assignee) Attorney English Translation Document (if applicable) Information Disclosure Copies of IDS Statement (IDS)/PTO-1449 Citations Preliminary Amendment Return Receipt Postcard (MPEP 503) (Should be specifically itemized) Certified Copy of Priority Document(s) (if foreign priority is claimed)								
18. If a CONTINUING APPLICATION, check appropriate box, and su specification following the title, or in an Application Data Sheet under	37 0771 1.70.									
Continuation		prior application I								
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FEE TRANS	IVILLIA	Application Number								
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for FY 2		First Named Inventor		tor	Gill, Robert					
Effective 01/01/2003. Patent fees are sui	bject to annual revision.	Examiner Name								
Applicant claims small entity status.	See 37 CFR 1.27	Art Unit								
TOTAL AMOUNT OF PAYMENT	(\$) 375.00		Attorney Docket No. 2548/1A							
METHOD OF PAYMENT (check	all that apply)	FEE CALCULATION (continued)								
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**or number previously paid, if greater; For Reissues, see above							-u- I			
SUBMITTED BY (Complete (if applicable)										
Name (Print/Type) Jonathan M. Hines Registration No. (Attornev/Agent) 44,764 Telephone 704.375.9249							.9249			
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